



MASSACHUSETTS COLLEGE OF LIBERAL ARTS

EQUAL OPPORTUNITY COMPLAINT FORM

This form is used to report information necessary to initiate an investigation of alleged discrimination, discriminatory harassment, or retaliation pursuant to the MCLA’s Equal Opportunity, Diversity, and Affirmative Action Plan (“EO Plan”) and/or the Student Code of Conduct. All reasonable efforts will be made to maintain the involved parties’ confidentiality during the investigation and resolution procedure.

It is unlawful to retaliate against a student, employee or any other person affiliated with MCLA for filing a complaint or for cooperating in an investigation of a complaint.

All parties to a complaint may have a personal advisor (for union employees this may be a union representative) assist them throughout the process, in accordance with the Policy Against Discrimination, Discriminatory Harassment and Retaliation, the Student Code of Conduct, and applicable collective bargaining agreements.

This form may be submitted in person, via email, or regular mail to:

Nicole Comstock, EO Officer
Office Location: 309C Venable Hall
Mailing Address: 375 Church St., North Adams, MA 01247
nicole.comstock@mcla.edu

Date Filed: _____ Date(s) of Alleged Incident(s): _____

A. Name (Print): _____

B. Check One: Student Employee Other _____

C. Type of alleged discrimination or discriminatory harassment:

- | | | | |
|---------------------|-------------------|----------------|--------------------|
| Race | Color | Religion | National Origin |
| Age | Disability | Sex/Gender | Sexual Orientation |
| Gender Identity | Gender Expression | Marital Status | Veteran Status |
| Genetic Information | Other: __ | | |

D. Type of alleged prohibited conduct:

- Discrimination
- Discriminatory Harassment
- Retaliation
- Other _____

E. Name of individual(s) you believe harassed you, discriminated against you, or retaliated against you: _____

F. List any witnesses: _____

G. List any others with knowledge of the incident(s): _____

H. Description of Complaint - please list the location, sequence of events, including dates, if possible, and any relevant facts, statements, and/or evidence currently known to you. If additional writing space is needed, please attach additional sheets.

I. Do you wish to request to attempt to resolve this formal complaint through an informal resolution process, if the other party agrees? Yes No

To the best of my knowledge and belief, the above information is complete, true and accurate and not a “false charge” as defined under the EO Plan, and I hereby submit this complaint under the University’s Complaint Investigation and Resolution Procedure.

Signature of Complainant: _____ Date: _____

Received by: _____ Date: _____